

MS4 Annual Report Cover Page**MCC form for period ending March 9,**

| | | | |
|---|---|---|---|
| 2 | 0 | 1 | 9 |
|---|---|---|---|

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 | City of Canandaigua, New York

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 0

Name of MS4 City of Canandaigua, New York

SPDES ID

N Y R 2 0 A

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- ☒ Principal Executive Officer/Chief Elected Official
- ☒ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

J o h n

MI

D

Last Name

G o o d w i n

Title

C i t y M a n a g e r

Address

2 N o r t h M a i n S t r e e t

City

C a n a n d a i g u a

State

N Y

Zip

1 4 4 2 4 -

eMail

J D G @ c a n a n d a i g u a n e w y o r k . g o v

Phone

(5 8 5) 3 9 6 - 5 0 0 0

County

O n t a r i o

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 City of Canandaigua, NY

SPDES ID

N Y R 2 0 A

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☐ Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C a n a n d a i g u a L a k e W a t e r s h e d A s s o c .

Partner/Coalition Name (con't.)

N . H a r v i u e x

SPDES Partner ID - If applicable

N Y R 2 0

Address

P O B o x 3 2 3

City

C a n a n d a i g u a

State

N Y

Zip

1 4 4 2 4 -

eMail

N a d i a . H a r v i e u x @ f l c c . e d u

Phone

(5 8 5) 3 9 4 - 5 0 3 0

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G? ☐ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 s c h o o l p r o g r a m , e d u c a t i o n

● MM2 s t a k e h o l d e r m e e t i n g s

○ MM3

○ MM4

○ MM5

○ MM6

Additional tasks/responsibilities

- *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 0

Name of MS4 City of Canandaigua, New York

SPDES ID

N Y R 2 0 A

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name

J o h n

MI

D

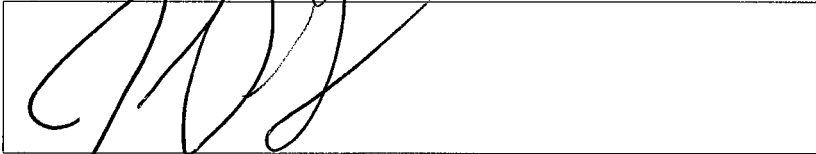
Last Name

G o o d w i n

Title (Clearly print title of individual signing report)

C i t y M a n a g e r

Signature



Date

06 / 12 / 2020

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator
 Division of Water
 4th Floor
 625 Broadway
 Albany, New York 12233-3505

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition

| | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| City of Canandaigua, NY | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A | | | | |
|---|---|---|---|---|---|--|--|--|--|

Water Quality Trends

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s are contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.

☒ Yes ☐ No

If Yes, choose one of the following

☐ Report(s) attached to the annual report

☒ Web Page(s) where report(s) is/are provided below

Please provide specific address of page where report(s) can be accessed - not home page.

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| h | t | t | p | : | / | / | c | a | n | a | n | d | a | i | g | u | a | l | a | k | e | . | o | r | g | / | w | a | t |
| e | r | s | h | e | d | / | w | p | - | c | o | n | t | e | n | t | / | u | p | l | o | a | d | s | / | 2 | 0 | 1 | 4 |
| / | 0 | 6 | / | C | L | W | C | - | 2 | 0 | 1 | 3 | - | r | e | p | o | r | t | . | p | d | f | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, New York

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Minimum Control Measure 1. Public Education and Outreach

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ☒ Construction Sites
 - ☒ General Stormwater Management Information
 - ☒ Household Hazardous Waste Disposal
 - ☒ Illicit Discharge Detection and Elimination
 - ☒ Infrastructure Maintenance
 - ☒ Smart Growth
 - ☒ Storm Drain Marking
 - ☒ Green Infrastructure/Better Site Design/Low Impact Development
 - ☐ Other:
 - ☒ Pesticide and Fertilizer Application
 - ☒ Pet Waste Management
 - ☒ Recycling
 - ☒ Riparian Corridor Protection/Restoration
 - ☒ Trash Management
 - ☒ Vehicle Washing
 - ☒ Water Conservation
 - ☒ Wetland Protection
 - ☐ None

[illegible]

Other

2. Specific audiences targeted during this reporting period:

- ☒ Public Employees
- ☒ Residential
- ☒ Businesses
- ☐ Restaurants
- ☒ Other:
- ☒ Contractors
- ☒ Developers
- ☒ General Public
- ☒ Industries
- ☐ Agricultural

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|--|
| s | t | u | d | e | n | t | s | , | | N | Y | S | | W | e | t | l | a | n | d | s | | F | o | r | u | m | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|--|

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

☒ Direct Mailings

Mailings

| | | | | |
|--|---|---|---|---|
| | 7 | 5 | 5 | 0 |
|--|---|---|---|---|

☒ Kiosks or Other Displays

Locations

| | | | | |
|--|--|--|--|---|
| | | | | 6 |
|--|--|--|--|---|

☒ List-Serves

In List

| | | | | |
|--|---|---|---|---|
| | 1 | 2 | 9 | 5 |
|--|---|---|---|---|

☒ Mailing List

In List

| | | | | |
|--|---|---|---|---|
| | 4 | 8 | 7 | 5 |
|--|---|---|---|---|

☒ Newspaper Ads or Articles

Days Run

| | | | | |
|--|--|--|---|---|
| | | | 2 | 4 |
|--|--|--|---|---|

☒ Public Events/Presentations

Attendees

| | | | | |
|--|--|---|---|---|
| | | 6 | 5 | 6 |
|--|--|---|---|---|

☒ School Program

Attendees

| | | | | |
|--|---|---|---|---|
| | 2 | 4 | 0 | 0 |
|--|---|---|---|---|

☒ TV Spot/Program

Days Run

| | | | | |
|--|--|--|--|---|
| | | | | 5 |
|--|--|--|--|---|

☒ Printed Materials:

Total # Distributed

| | | | | |
|--|---|---|---|---|
| | 3 | 8 | 0 | 0 |
|--|---|---|---|---|

Locations (e.g. libraries, town offices, kiosks)

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|--|---|---|---|--|
| C | i | t | y | | H | a | l | l | , | | C | i | t | y | | D | P | W | |
|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|--|---|---|---|--|

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| W | o | o | d | | L | i | b | r | a | r | y | | | | | | | | |
|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

☒ Other:

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|
| W | a | t | e | r | s | h | e | d | | s | i | g | n | s | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| h | t | t | p | : | / | / | w | w | w | . | c | a | n | a | n | d | a | i | g | u | a | n | e | w | y | o | r | k | . | g | o |
| v | / | v | e | r | t | i | c | a | l | / | s | i | t | e | s | / | % | 7 | B | A | 3 | 8 | 8 | F | 0 | 5 | 2 | - | E | 1 | B |
| 1 | - | 4 | C | A | 4 | - | 8 | 5 | 2 | 7 | - | A | 8 | B | B | 4 | 6 | 3 | 2 | 0 | B | B | 9 | % | 7 | D | / | u | p | l | o |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| a | d | s | / | W | a | t | e | r | R | e | p | o | r | t | . | 2 | 0 | 1 | 7 | . | p | d | f | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

| | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| City of Canandaigua, NY | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A | | | | |
|---|---|---|---|---|---|--|--|--|--|

3. Web Page con't.: Provide specific web addresses - not home page.

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| h | t | t | p | s | : | / | / | d | o | c | s | . | w | i | x | s | t | a | t | i | c | . | c | o | m | / | u | g | d | / | a | | |
| 5 | c | 0 | c | d | | | | a | 3 | a | b | 4 | b | a | c | f | 8 | 8 | 4 | f | 1 | 8 | 9 | 8 | d | d | 3 | 8 | 4 | 3 | 5 | c | 6 |
| 0 | e | 5 | 0 | c | . | p | d | f | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| h | t | t | p | s | : | / | / | w | w | w | . | c | a | n | a | n | d | a | i | g | u | a | l | a | k | e | . | o | r | g | / | | |
| w | a | t | e | r | - | q | u | a | l | i | t | y | - | i | s | s | u | e | s | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, New York

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The goals of the Public Education and Outreach are to continue to provide public presentations to local community groups, to continue the Watershed Education Program to educate school children, to update educational materials in print and on websites, and to maintain educational kiosks with information on stormwater.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town and City of Canandaigua are partnering on a new lawn care education initiative. For the first phase, the initiative is targeting large land owners for education. The group held a workshop for lawn care professionals and a presentation for residents. The Watershed Education Program continued its efforts and reached approximately 2400 students and distributed the WEP Mini Newsletter. The educational kiosks were maintained. The Watershed Council continued to update their website with new information on stormwater. The City continued to provide information to

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|--|---|---|
| | | 1 | 0 |
|--|--|---|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City plans to continue working on the lawn care education initiative with their partners. The Watershed Council's website will continue to be enhanced with more MS4 related material. Presentations will be given to the public. The school education program will continue.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | City of Canandaigua, NY |
|-----------------------|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Minimum Control Measure 2. Public Involvement/Participation

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

| | |
|---|--|
| How many MS4s contributed to this report? | |
|---|--|

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- | | | |
|---|----------------------|---|
| <input checked="" type="radio"/> Cleanup Events | # Events | <input type="text" value="2"/> |
| <input type="radio"/> Comments on SWMP Received | # Comments | <input type="text" value="0"/> |
| <input checked="" type="radio"/> Community Hotlines | Phone # | (<input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="5"/>) <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="6"/> - <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> |
| | Phone # | (<input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="5"/>) <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="6"/> - <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input checked="" type="radio"/> Community Meetings | # Attendees | <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="6"/> |
| <input type="radio"/> Plantings | Sq. Ft. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="radio"/> Storm Drain Markings | # Drains | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="0"/> |
| <input checked="" type="radio"/> Stakeholder Meetings | # Attendees | <input type="text"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="6"/> |
| <input checked="" type="radio"/> Volunteer Monitoring | # Events | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="5"/> <input type="text" value="3"/> |
| <input type="radio"/> Other: | <input type="text"/> | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

- | | | | | | |
|---|---|--|--|--|--|
| <input type="radio"/> List-Serve | # In List | | | | |
| <input type="radio"/> Newspaper Advertising | # Days Run | | | | |
| <input type="radio"/> TV/Radio Notices | # Days Run | | | | |
| <input checked="" type="radio"/> Other: | C i t y C o u n c i l C o m m i t t e e M e t g . s | | | | |

● Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | City of Canandaigua, NY |
|-----------------------|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 | A | | | | |
|---|---|---|---|---|---|--|--|--|--|

2. URL(s) con't.:

Please provide specific address(es) where notices can be accessed - not home page.

URL

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

URL

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | |
|---|---|---|---|---|---|--|--|
| N | Y | R | 2 | 0 | A | | |
|---|---|---|---|---|---|--|--|

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|
| C | i | t | y | | D | e | p | a | r | t | m | e | n | t | | o | f | | P | u | b | l | i | c | | W | o | r | k | s |
|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| 2 | 0 | 5 | | S | a | l | t | o | n | s | t | a | l | l | | S | t | r | e | e | t | | | | | | | | | |
|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|

City

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| C | a | n | a | n | d | a | i | g | u | a | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

| | |
|---|---|
| N | Y |
|---|---|

Zip

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| 1 | 4 | 4 | 2 | 4 | - | | | | |
|---|---|---|---|---|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (| 5 | 8 | 5 |) | 3 | 9 | 6 | - | 5 | 0 | 6 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

City

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|--|--|
| | |
|--|--|

Zip

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| | | | | | - | | | | |
|--|--|--|--|--|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|
| (| | | |) | | | | - | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|

☒ Other

☒ Annual Report ☒ SWMP Plan ☒ Comments

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|---|
| W | a | t | e | r | s | h | e | d | | C | o | u | n | c | i | l | | M | g | r | ' | s | | o | f | f | i | c | e |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|---|---|---|---|---|--|---|---|---|---|---|---|

City

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| C | a | n | a | n | d | a | i | g | u | a | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

| | |
|---|---|
| N | Y |
|---|---|

Zip

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| 1 | 4 | 4 | 2 | 4 | - | | | | |
|---|---|---|---|---|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (| 5 | 8 | 5 |) | 3 | 9 | 6 | - | 3 | 6 | 3 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

☒ Web Page URL:

☒ Annual Report ☒ SWMP Plan ☒ Comments

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| w | w | w | . | c | a | n | a | n | d | a | i | g | u | a | n | e | w | y | o | r | k | . | g | o | v | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Please provide specific address of page where report can be accessed - not home page.

☒ eMail

☒ Comments

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| J | P | S | @ | c | a | n | a | n | d | a | i | g | u | a | n | e | w | y | o | r | k | . | g | o | v | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| K | L | O | @ | c | a | n | a | n | d | a | i | g | u | a | n | e | w | y | o | r | k | . | g | o | v | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

| | |
|--|--|
| | |
|--|--|

 /

| | |
|--|--|
| | |
|--|--|

 /

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

4.b. For how many days was/will this report be posted?

| | | |
|---|---|---|
| 9 | 9 | 9 |
|---|---|---|

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?
☐ Yes ☒ No

If Yes, what was the date of the meeting?

| | |
|--|--|
| | |
|--|--|

 /

| | |
|--|--|
| | |
|--|--|

 /

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

If No, is one planned?

☒ Yes ☐ No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?
☐ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No
6. Were comments received during this reporting period?
☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

| | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| City of Canandaigua, NY | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

One goal is to maintain public involvement through various public meetings and stakeholder groups. Additional goals include the establishment of a Local Stormwater Public Contact and Officer, updating websites, continuing the storm drain marking program, and increase public participation through community restoration and clean up events.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The public stayed involved in stormwater management through contacting the watershed program and discussions at public meetings and presentations. Volunteers monitored water clarity, water quality, and for invasive species. The Watershed Program acted as a key contact for stormwater for the public.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|--|---|---|
| | | 1 | 0 |
|--|--|---|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Public clean up events are planned for the upcoming year. Stakeholders will be encouraged to discuss stormwater at City Council and City Environmental Committee meetings, and will participate in the SWMPP development. Residents will be encouraged to reduce fertilizer and pesticide usage on their lawns through programs. Community Hotlines will be maintained. Partnerships with the Tree Committee, Watershed Council and Association to educate the public will continue.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

| | | | | | |
|--|--|--|---|---|---|
| | | | 6 | 5 | # |
|--|--|--|---|---|---|

| | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

3.a.What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|--|--|
| <input type="radio"/> Auto Recyclers | <input checked="" type="radio"/> Landscaping (Irrigation) |
| <input type="radio"/> Building Maintenance | <input checked="" type="radio"/> Marinas |
| <input type="radio"/> Churches | <input type="radio"/> Metal Plateing Operations |
| <input checked="" type="radio"/> Commercial Carwashes | <input type="radio"/> Outdoor Fluid Storage |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input checked="" type="radio"/> Parking Lot Maintenance |
| <input checked="" type="radio"/> Construction Vehicle Washouts | <input type="radio"/> Printing |
| <input type="radio"/> Cross-Connections | <input type="radio"/> Residential Carwashing |
| <input type="radio"/> Distribution Centers | <input checked="" type="radio"/> Restaurants |
| <input type="radio"/> Food Processing Facilities | <input checked="" type="radio"/> Schools and Universities |
| <input type="radio"/> Garbage Truck Washouts | <input type="radio"/> Septic Maintenance |
| <input type="radio"/> Hospitals | <input type="radio"/> Swimming Pools |
| <input type="radio"/> Improper RV Waste Disposal | <input checked="" type="radio"/> Vehicle Fueling |
| <input checked="" type="radio"/> Industrial Process Water | <input checked="" type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | City of Canandaigua, NY |
|-----------------------|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

3.b. What types of illicit discharges have been found during this reporting period?

- | | |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer | <input type="radio"/> Industrial Connections |
| <input type="radio"/> Cross Connections | <input type="radio"/> Inflow/Infiltration |
| <input type="radio"/> Failing Septic Systems | <input type="radio"/> Pump Station Failure |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows |
| <input type="radio"/> Illegal Dumping | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other: | <input type="radio"/> None |

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

5. How many illicit discharges have been confirmed during this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

| | |
|--|--|
| | |
|--|--|

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

| | | | |
|--|--|--|---|
| | | | % |
|--|--|--|---|

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | City of Canandaigua, NY |
|-----------------------|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

| | | | |
|--|---|---|---|
| | 5 | 0 | % |
|--|---|---|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

| |
|-------------------------|
| City of Canandaigua, NY |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The permanent goal of this MCM is to fund and implement the comprehensive onsite wastewater treatment system inspection program and water quality monitoring program throughout the Canandaigua Lake watershed. This work is targeted at protecting the lake which serves as the drinking water source in the area.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City continues to fund the onsite wastewater treatment system inspection program throughout the watershed. A draft model onsite wastewater treatment system law has been developed and adopted by some communities in the watershed. Monitoring continues from April to November in the lake and stormwater visual monitoring continues along Sucker Brook.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|--|--|---|
| | | | 5 |
|--|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

During the next reporting period inspections of the outfalls will continue, and mapping of the associated sewersheds will be pursued.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

| | | |
|---|--|---|
| . | | 1 |
|---|--|---|

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☒ Yes ☐ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

| | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|------------------------------------|
| <input type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Termination of Contracts | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | |
| <input type="radio"/> Other | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | | |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, New York

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

| | | |
|--|--|---|
| | | 1 |
|--|--|---|

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

| | | |
|--|--|---|
| | | 2 |
|--|--|---|

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

| | | |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9,**

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, New York

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

6. con't.:

Submit additional pages as needed.

☐ MS4/Coalition Office

Department

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|
| C | i | t | y | | o | f | | C | a | n | a | n | d | a | i | g | u | a | | D | e | v | e | l | o | p | m | e | n | t |
|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 | | N | o | r | t | h | | M | a | i | n | | S | t | r | e | e | t | | | | | | | | | | | | |
|---|--|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

City

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| C | a | n | a | n | d | a | i | g | u | a | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|

| | |
|---|---|
| N | Y |
|---|---|

Zip

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| 1 | 4 | 4 | 2 | 4 | - | | | | |
|---|---|---|---|---|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (| 5 | 8 | 5 |) | 3 | 9 | 6 | - | 5 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

☐ Library

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

City

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|--|--|
| | |
|--|--|

Zip

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| | | | | | - | | | | |
|--|--|--|--|--|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|
| (| | | |) | | | | - | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|

☐ Other

Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

City

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|--|--|
| | |
|--|--|

Zip

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| | | | | | - | | | | |
|--|--|--|--|--|---|--|--|--|--|

Phone

| | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|
| (| | | |) | | | | - | | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|--|

☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

URL

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, New York

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The goals for MCM 4 are to maintain a comprehensive site plan review process through the appropriate City boards and to continue periodic inspections of active construction sites.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City utilizes a comprehensive construction site runoff control and post construction runoff control review process and requires enhanced phosphorous treatment from new construction. The City Code Enforcement Officer completes inspections of all sites that disturb more than 1 acre, with assistance from the Watershed Manager.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|--|--|---|
| | | | 5 |
|--|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will maintain the SWPPP approval process to ensure practices are in place for local approval including reviewing 5 acre waiver requests. The City will also review its inspection procedures to ensure that local practices are equivalent to the NYS Construction Stormwater Inspection Manual.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| | |
|-----------------------|-------------------------|
| Name of MS4/Coalition | City of Canandaigua, NY |
|-----------------------|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

| | |
|---|--|
| How many MS4s contributed to this report? | |
|---|--|

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

| | # Inventoried | # Inspections | # Times Maintained |
|--|----------------------|------------------------|------------------------|
| <input type="radio"/> Alternative Practices | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Filter Systems | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Infiltration Basins | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input checked="" type="radio"/> Open Channels | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input checked="" type="radio"/> Ponds | <input type="text"/> | <input type="text"/> 4 | <input type="text"/> 3 |
| <input type="radio"/> Wetlands | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Other | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☐ No

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☒ Building Codes
 ☒ Municipal Comprehensive Plans
☐ Overlay Districts
 ☐ Open Space Preservation Program
☐ Zoning
 ☐ Local Law or Ordinance
☐ None
 ☒ Land Use Regulation/Zoning
☒ Watershed Plans
 ☐ Other Comprehensive Plan

○ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

| |
|-------------------------|
| City of Canandaigua, NY |
|-------------------------|

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

| | | |
|--|---|---|
| | 1 | 0 |
|--|---|---|

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

A goal is to continue to require enhanced phosphorus treatment on new development and to continue the comprehensive site plan review process. Also to assess post construction stormwater laws and update them as appropriate. Continuing to complete stormwater management projects with the Canandaigua Lake Watershed Council will also remain a part of the City's goals for this MCM.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City has comprehensive construction site runoff control and post construction runoff control local laws. The City continues to maintain existing stormwater practices along Main Street, in the Antis Street parking lot, and the vortex hydrodynamic units located in several local streets. The City completed two Sucker Brook stormwater projects in conjunction with the Canandaigua Lake Watershed Council. The watershed manager continues to inspect stormwater facilities in the City.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|--|--|---|
| | | | 5 |
|--|--|--|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue to review post-construction stormwater laws and ensure they are compliant with State laws. In addition, the City will continue inspection existing stormwater systems and will continue the comprehensive site plan review process. The City will also continue working with the Town of Canandaigua and the Canandiagua Lake Watershed Council on stormwater quality projects.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

| <u>Operation/Activity/Facility</u> | <u>Addressed in SWMP?</u> | | <u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u> | |
|---|--------------------------------------|-------------------------------------|---|-------------------------------------|
| Street Maintenance..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Bridge Maintenance..... | <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Winter Road Maintenance..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Salt Storage..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Solid Waste Management..... | <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| New Municipal Construction and Land Disturbance.. | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Right of Way Maintenance..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Marine Operations..... | <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Hydrologic Habitat Modification..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| Parks and Open Space..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Municipal Building..... | <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Stormwater System Maintenance..... | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Vehicle and Fleet Maintenance..... | <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Other..... | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|---|---|---|
| | | 2 | 0 | 0 |
|--|--|---|---|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|---|---|---|---|
| | 1 | 5 | 0 | 0 |
|--|---|---|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 6 | 3 |
|--|--|--|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 3 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|---|---|---|
| | | 1 | 6 | 0 |
|--|--|---|---|---|
- Pesticide/Herbicide Applied # Acres

| | | | | | |
|--|--|--|---|---|--|
| | | | 0 | . | |
|--|--|--|---|---|--|

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|

4. What was the date of the last training?

| | |
|--|--|
| | |
|--|--|

 /

| | |
|--|--|
| | |
|--|--|

 /

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

5. How many municipal employees have been trained in this reporting period?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

| | | |
|--|---|---|
| | 5 | 0 |
|--|---|---|

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The goal is to continue to implement the City's strategy to minimize the use of salt on the streets and to continue the ban on pesticides in City parks. Also to continue to stabilize roads where appropriate and to continue to use the street sweeper on all City streets from spring through late fall. The City will also continue to budget for and implement where possible stream and wetland restoration projects.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City has continued the ban on pesticides in the parks and limits, or eliminates, the use of nitrogen fertilizer. No phosphorus is applied to City parks. The City's sensible salting strategy continues to be followed during snow fighting events. The City's street sweeper is kept deployed to the greatest extent possible.

C. How many times was this observation measured or evaluated in this reporting period?

| | | | |
|--|--|---|---|
| | | 1 | 0 |
|--|--|---|---|

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will promote responsible lawn care to its residents. The City's sensible salting program will continue to be followed, and the street sweeping program will continue. The self-assessments of City facilities will be formalized into specific plans that can be added to the City's capital plan for implementation.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

Additional Watershed Improvement Strategy Best Management Practices

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

| | | |
|--|--|--|
| | | |
|--|--|--|

MS4s must answer the questions or check NA as indicated in the table below.

| MS4 Description | Answer | Check NA | (POC) |
|---------------------------------|--------------------------|------------------------|------------------------|
| NYC EOH Watershed | - | - | - |
| Traditional Land Use | 1,2,3,4,5,6,7a-d,8a,8b,9 | 10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,2,3,4,7a-d,8a,8b,9 | 5,10,11,12 | Phosphorus |
| Non-Traditional | 1,2,77a-d,8a,8b,9 | 3,4,5,10,11,12 | Phosphorus |
| Onondaga Lake Watershed | - | - | - |
| Traditional Land Use | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Non-Traditional | 1,6,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Phosphorus |
| Greenwood Lake Watershed | - | - | - |
| Traditional Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Non-Traditional | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Oyster Bay | - | - | - |
| Traditional Land Use | 1,4,7a-d,9,10,11,12 | 2,3,5,6,8a,8b | Pathogens |
| Traditional Non-Land Use | 1,4,7a-d,9,10,11,12 | 2,3,5,6,8a,8b | Pathogens |
| Non-Traditional | 1,4,7a-d,9 | 2,3,4,5,8a,8b,10,11,12 | Pathogens |
| Peconic Estuary | - | - | - |
| Traditional Land Use | 1,4,7a-d,8a,9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| Traditional Non-Land Use | 1,4,7a-d,8a,9,10,11,12 | 2,3,5,6,8b | Pathogens and Nitrogen |
| Non-Traditional | 1,4,7a-d,8a,9 | 2,3,4,5,8b,10,11,12 | Pathogens and Nitrogen |
| Oscawana Lake Watershed | - | - | - |
| Traditional Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Traditional Non-Land Use | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| Non-Traditional | 1,4,6,7a-d,8a,9 | 2,3,5,8b,10,11,12 | Phosphorus |
| LI 27 Embayments | - | - | - |
| Traditional Land Use | 1,2,3,4,7a-d,9,10,11,12 | 5,6,8a,8b | Pathogens |
| Traditional Non-Land Use | 1,2,3,4,7a-d,9,10,11,12 | 5,6,8a,8b | Pathogens |
| Non-Traditional | 1,2,3,4,7a-d,9 | 5,6,8a,8b,10,11,12 | Pathogens |

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ☒ Yes ☐ No ☐ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? ☐ Yes ☒ No ☐ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

Estimate what percentage was mapped in this reporting period.

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☐ Yes ☐ No ☐ N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☐ N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☐ N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☐ N/A

7b. How many projects have been sited in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

7c. What percent of the projects included in 7b have been completed in this reporting period?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

7d. What percent of projects planned in previous years have been completed?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

☐ No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☐ Yes ☐ No ☐ N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☐ Yes ☐ No ☐ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | 0 |
|---|---|---|---|

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Canandaigua, NY

SPDES ID

| | | | | | | | | |
|---|---|---|---|---|---|--|--|--|
| N | Y | R | 2 | 0 | A | | | |
|---|---|---|---|---|---|--|--|--|

9. Has your MS4/Coalition developed and implemented a program of native planting?

☐ Yes ☐ No ☐ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☐ Yes ☐ No ☐ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☐ Yes ☐ No ☐ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☐ Yes ☐ No ☐ N/A